

Ozark Dale County Library, Inc.  
416 James Street  
Ozark, AL 36360

**Application for Employment**

This application is intended for use in evaluating your suitability for employment. Please answer all questions completely and legibly. If a question is not applicable, indicate with a N/A. If you need more space to explain any answer, you may request an extra sheet of paper. False or misleading statements, whether oral or written, are grounds for refusal or termination of employment and benefits. All qualified applicants will receive consideration without discrimination on the basis of sex, marital status, race, age, creed, national origin, citizenship, the presence of non-job-related disabilities, or any other status protected under State or Federal law, and such information may be omitted from this form. A felony conviction will not necessarily bar the applicant from employment. This application is not an employment contract. Additional testing of skills and other job-related characteristics, as well as testing for the presence of illegal drugs in your body, may be required before an offer of employment is made. Once such an offer has been made, you may be required to undergo a medical review to determine your suitability for the position for which you applied. This review would include the completion of a medical history form and may include an examination by a medical professional designated by the company.

**PERSONAL DATA**

Name: Last, First, Middle	Social Security Number
Home Telephone Number	Work Telephone Number

Please list below your current address and your two other most recent addresses.

Street	City	State	Zip Code	Since (Mo/Yr)
Street	City	State	Zip Code	Since (Mo/Yr)
Street	City	State	Zip Code	Since (Mo/Yr)

**AVAILABILITY**

Position for which you are applying: _____	Date Available to start: _____
Part-time _____ Full-time _____ Either _____ Can you work weekends? _____, Evenings? _____	

Please answer the following questions. If necessary, use an extra sheet of paper to provide explanations.

1. Are you at least 18 years of age?
2. Are you willing to work overtime when necessary?
3. Please list any restrictions you might have on your ability to work overtime.
4. Are you on layoff and subject to recall?
5. Are you currently party to any noncompetitive or trade secret agreement? (If yes, explain)
6. Have you ever been discharged or asked to resign from a job? (If yes, explain)
7. Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to alcohol or illegal drug-related charges, child abuse, and other crimes of violence or theft)? \_\_\_\_\_ No \_\_\_\_\_ Yes

**EDUCATION**

High School Attended (or equivalency)	City	State	Dates Attended (years)	Diploma (Y or N)
Undergraduate College Attended	City	State	Dates Attended	Degree
Undergraduate College Attended	City	State	Dates Attended	Degree
Graduate College Attended	City	State	Dates Attended	Degree
Trade, Business, or Other School	City	State	Dates Attended	Degree

**EMPLOYMENT EXPERIENCE**

Most Recent Employer \_\_\_\_\_  
 Full Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Position Held \_\_\_\_\_ Dates Worked from \_\_\_\_\_ to \_\_\_\_\_  
 Rate of Pay \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Duties \_\_\_\_\_

Most Recent Employer \_\_\_\_\_  
 Full Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Position Held \_\_\_\_\_ Dates Worked from \_\_\_\_\_ to \_\_\_\_\_  
 Rate of Pay \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Duties \_\_\_\_\_

Most Recent Employer \_\_\_\_\_  
 Full Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Position Held \_\_\_\_\_ Dates Worked from \_\_\_\_\_ to \_\_\_\_\_  
 Rate of Pay \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Duties \_\_\_\_\_

\*Have you ever worked for the Ozark Dale County Library, Inc. before? (If yes, give dates and title)  
 \_\_\_\_\_

\*Have you ever served in any branch of the U.S. Military? (If yes, give branch, dates, and MOS)  
 \_\_\_\_\_

\*IMPORTANT: It is our policy to contact all employers listed above. Please note here those employers listed above whom we may not contact.  
 \_\_\_\_\_

Use this space to list any special skills you may have that relate to the position for which you are applying.  
 \_\_\_\_\_

I certify that I have read the instructions and note on page one of this form and that the answers given by me herein are true and complete to the best of my knowledge and belief. I understand that should I become employed, that employment shall be on a probationary basis for a period of 60 days from the date of hire. I further understand that completion of the probationary period will not result in any employment contract, or employment for any specific term, but that I shall remain employed solely on an at-will basis and that the company or I may terminate my employment relationship without notice. This basis may be altered only in writing by the chief executive officer of this company. I also understand that illegal drug use is prohibited during employment. I understand that this application will be considered for a period of 30 days and that if this establishment does not employ me, it will be necessary for me to complete another application in order to receive further consideration. I further understand that if I accept a position with the Library, I will report any changes in the information I have provided in the application, to include Motor Vehicle or Criminal (Misdemeanor or Felony) charges.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Waiver and Consent:**

I, \_\_\_\_\_, hereby certify that the information I have provided on this application for employment is true and correct. I authorize this company to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become employed by the Ozark Dale County Library, Inc., I agree to abide by the policies of the organization and to refrain from inappropriate conduct in the performance of my duties.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**BACKGROUND CHECK AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize the Ozark Dale County Library, Inc. to request the release of information regarding any record of criminal convictions maintained on me, whether said file is a local, state, or national file and including but not limited to convictions for crimes committed against minors, to the fullest extent permitted by State and Federal law. I do release the information holder from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Applicant's name (first, middle, maiden, last): \_\_\_\_\_

Print all other names that have been used by the applicant (if any):  
\_\_\_\_\_

Date of birth (mm/dd/yy): \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State issuing license: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Proof of Background Check Affidavit**

The Ozark Dale County Library, Inc. has performed a **National Background Check** by

\_\_\_\_\_ *(Name of Company performing the background check)*

on \_\_\_\_\_ with Social Security Number \_\_\_\_\_.

The National Background Check, dated \_\_\_\_\_ is on file at the Ozark Dale-County Public Library.

The National Background check was clear \_\_\_\_\_; or, was not clear \_\_\_\_\_.

The custodian of the Background check information is:

Name \_\_\_\_\_

Title/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

I hereby certify the information above to be accurate and complete.

Custodian of records Print Name \_\_\_\_\_

Custodian of records Sign Name \_\_\_\_\_

Witness: \_\_\_\_\_